TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
KENNEBEC COUNTY

Date: _____

CDBG EDP SURVEY #: _____

The Town/City of _____ has been awarded Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development. The proposed activities are: _____.

For the proposed activities, the CDBG program requires documentation of program benefit. Therefore, the community is surveying the potential beneficiaries ensuring compliance with CDBG program regulations.

Your response to the following questions is critical for meeting CDBG program requirements. All responses are confidential and used solely for securing CDBG grant funds. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL**. **Please return this form to _____ as soon as possible. If you have questions, please contact _____.** Thank you for your cooperation.

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In determining total family income use your total gross income for the 12 month period prior to completing this form.
Please circle your family size and place a check mark on the corresponding line for the income level for your family size.

FAMILY SIZE: (Please Circle one)	FAMILY INCOME: (Please check one) 30%	50%	80%	Above 80%
1	____ Below 20,200	____ 20,201 – 33,600	____ 33,601 – 53,750	____ Above 53,751
2	____ Below 23,050	____ 23,051 – 38,400	____ 38,401 – 61,450	____ Above 61,451
3	____ Below 27,320	____ 27,321 – 43,200	____ 43,201 – 69,150	____ Above 69,151
4	____ Below 33,000	____ 33,001 – 48,000	____ 48,001 – 76,800	____ Above 76,801
5	____ Below 38,680	____ 38,681 – 51,850	____ 51,851 – 82,950	____ Above 82,951
6	____ Below 44,360	____ 44,361 – 55,700	____ 55,701 – 89,100	____ Above 89,101
7	____ Below 50,040	____ 50,041 – 59,550	____ 59,551 – 92,250	____ Above 92,251
8	____ Below 55,720	____ 55,721 - 63,400	____ 63,401 – 101,400	____ Above 101,401

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low income. Consequently the 30% income limits may equal the 50% income limits

BENEFICIARY INFORMATION:

Family Race: Indicate by putting an "X" on the appropriate line

White ___ Black/African American ___ Asian ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ Asian & White ___
American Indian/Alaskan Native & White ___ Black/African American & White ___ American Indian/Alaskan Native & Black/African American ___ Other ___

Family Make-up: Enter **number** of elderly or severely disabled family members and indicate with an **"X"** if a female head of household is present

Number of Elderly: ___ Number of Severely Disabled: ___ Female Head of Household? Yes ___ No ____ Before taking this job were you employed? Yes ___ No ___

I certify that the information on this survey form is true and complete to the best of my knowledge and belief, and that that Town/City of _____, the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.

_____
Signature Date

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TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI ___ NON-LMI___

_____
Signature of authorized official Date